FOR STATE HEALTH DEPT.

ay is necessary, for your TO YOU'LE MEDICAL EXAMINER: This certificate should be executed within an executed within a pleas. O's and 3 to the funded direst pleas, oxidities, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funded to the word white along with form PM3. Page 5 may be retained for you'le should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your To FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any expermithin 72 hours after death.

VS. AISME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10132 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10126 10126

| 1. PLACE OF DEATH | 2. USURL RESIDENCE (Where deceased lived, If institution: Residence before admission) |
|---|--|
| charles Maryland | Maryland b. COUNTY Charles |
| b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) |
| write RURAL and give nearest town) Ta Plata Maryland 18 months | Waldorf |
| La Plata, Maryland 18 months d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) | d. STREET ADDRESS 0. IS RESIDENCE |
| | ON A FARM? |
| Physicians' Memorial Hospital | YES NO NO |
| 3. NAME OF First Middle DECEASED | Lest 4. DATE Month Day Year |
| (Type or print) Benjamin W. Boli | nger DEATH Sept. 14 1961 |
| 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 | DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. |
| Male White WIDOWED DIVORCED | Sept. 27,1882 78 yrs. Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) | Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| Retired Manager Griffith Consumer | rs Maryland U.S.A. |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| David C.Y. Bolinger | Elmira Thomas |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I | |
| (Yes, no, or unkown) (Ifyesgivewarordatesofservice) No 578-07-8357 | D. C. Dellinson Weldend Manel and |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] | R.C. Bolinger, Waldorf, Maryland |
| PART I DEATH WAS CAUSED BY. | ONSET AND DEATH |
| IMMEDIATE CAUSE (a) Coronary Throm | DOSIS |
| 1 420. / DUE TO | 2 Hrs/ |
| Conditions, if any, which (b) | |
| gave rise to immediate cause (e), stating the underlying DUE TO | |
| cause last. (c) | |
| | T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ILE 1 19. WAS AUTOPSY |
| E | PERFORMED? |
| 5 | YES NO N |
| PRIMARY Or CONTRIBUTING CAUSE OF DEATH. | nter nature of Injury in Part I or Part II of Item 18.} |
| | CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) |
| Hour a.m. While Not While facts | pry, street, office bldg., etc.) |
| 21. I certify that I took charge of the remains described above, he | Id an Autopsy , Inspection X, Inquiry X, and in my opinion |
| death resulted from: Natural causes . Accident . Suici | |
| deall lesbied from: Majoral Causes 2. Accident | |
| 1.1.11. | CHIEF MEDICAL EXAMINER |
| SIGNATURE SIGNATURE SIGNATURE | ASSISTANT MEDICAL EXAMINER DATE SIGNED |
| EXAMINER'S William J. Kurz, M.D. | DEPUTY MEDICAL EXAMINER & 9-15-161 Address (Street, city, town, or county) La Plata, Md. |
| 220. BURIAL, CREMATION, 226. DATE THEREOS 226. NAME OF CEMETERY OR | CREMATORY 22d. LOCATION (City, town, or country) (State) |
| Burial 9/17/1961 Boonsboro | Boonsboro. Md |
| 23. FUNERAL DIRECTOR ADDRESS | C 24a PEC'O RV DECISTRADI 24b DECISTRADIS CICNATURE |
| Lee Funeral Home Washington, | D. DATE SEP 1 9 '61 Arthur S. Kraus |
| OG L'UIIGI GT | SEP 1 3 011 COURTY 2. 7 CEANS |

STOL THE SECOND STORY OF SETAL became arapido ou una se della si Carlo de de la carlo de la car 10,00 - 0 - 10 - 1000 -- I 1/2-1- AIR- 3/2 proceed bully and relations at first of the many markets The state of the s nethoda Talair to sob 24 contract a some

FOR STATE PLACE OF DEATH a. COUNTY Charles Board of I State B 3. NAME OF DECEASED (Type or print) Male I in Item 18. Give Pages 1, ong with form PM3. Pagpages 13. FATHER'S NAME Office s a burial-removal burial Conditions, if eny, which gave rise to immediate cause SP (a), stelling the underlying cause last. writing the word '
Chief Medical Expage 3 should be to burial, crematic CAUSE OF DEATH. prior forwarded to the L. DIRECTOR: I ACTUAL execute should be for SIGNATURE EXAMINER'S NAME (Type) 228. BURIAL, CREMATION REMOVAL (Specify) 40 0 VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decaased lived, if institutions **b.** COUNTY Charles MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporeta limits, write RURAL and give nearest town) write RURAL and give nearest town) Doncaster RID 87 d. NAME OPHOSPITAL OR INSTITUTION (if not in hospital, give street address) d) STREET ADDRESS a. IS RESIDENCE ON A FARM? YES PA NO F Middle Last 4. DATE Month Edward Sylvester DEATH Sept. 22 19 61 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthdey) 23,1934 Months WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Govmt. Doncaster, Maryland U.S.A. 14. MOTHER'S MAIDEN NAME George Burns Beatrice Jackson IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Beatrice Jackson Burns, Doncaster, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Conflagration IMMEDIATE CAUSE (6) DUE TO Automobile accident & explosion of gas tank DUE TO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY PERFORMED? NO IS 208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part | or Part | of Item 18.) Auto turned over & gasoline tank exploded 20d. INJURY OCCURRED 10 20e. PLACE OF INJURY (Home, ferm, ! 20f. (City or town) (County) (Stata) factory, street, office bldg., atc.) Not While Ripley Charles. Highway Md. at work at work K 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X. Inquiry X and in my opinion death resulted from: Natural causes Accident X Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED 9-22-161 DEPUTY MEDICAL EXAMINER Edelen, M.D. Address (Streat, city, town, or county) La Plata. 22b. DATE THEREO 22c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or country) 17 DATE SEP 2 5 '61

SHUL -3 · 10E 163 - Later to provide a section MILE TO . Wet ALL CONTRACTOR AND AND THE PARTY OF THE PARTY , some rule 134 - 30 - P as all thelen, with the same and the same MARKET TO THE RESIDENCE OF THE PARKET. FOR STATE HEALTH DEPT.

| | MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, | 18 |
|-------------|--|----------------|
| 10134 | MEDICAL EXAMINER'S CERTIFICATE OF DEATH | |
| ~ ~ ~ ~ ~ ~ | | Reg. Dist. No. |

| O. COUNTY | | | * | 11 | SIDENCE (Where de | | | Ad History | Alissian) | |
|---|--|------------------------------------|----------------------------|------------------------|-----------------------|---------------------|----------------|--------------|------------------------|--|
| | Charles | | MARYLAN | | Md. | b. COU | Char | res | | |
| b. CITY OR TOWN and give nearest to | (If outside corporate limits, writewa) | e RURAL C | E. LENGTH OF STAY IN T | c. CITY OR | TOWN (If outside | carparate limits, w | rite RURAL and | give nearest | town) | |
| Bel Al | | | transient | X | Waldo | cf | | | | |
| d. NAME OF HOSE | PITAL OR INSTITUTION (| If not in hospite | ol, give street oddress) | d. STREET | ADDRESS | | | | RESIDENCE N A FARM? | |
| none | · · · · · · · · · · · · · · · · · · · | - | | 1 | | | | | □ NO K | |
| 3. NAME OF DECEASED Type or print) | fir Sta | nley | Middle Com | oton | 4. DATE OF DEAT | | 3 1 961 | Doy | Year 19 | |
| 5. SEX | 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | | 1 | 9. AGE (In yours | | TYEAR IF UN | IDER 24 HRS | |
| М | T | WIDOWED [| DIVORCED | Nov. | 17 1939 | 21 | rs. Months | Doys Hour | Min. | |
| 100, USUAL OCCUPA | TION (Give kind of work | done 10b. KIN | D OF BUSINESS OR IND | USTRY 11. BIRTHPL | ACE (Stole or foreig | n country) | 12. CITI | ZEN OF WHA | AT COUNTRY | |
| salesman | king life, even if retired). | tria | re recapping | K: | v. | | | JSA | | |
| 13. FATHER'S NAME | | 0.2. | re recompositi | | MAIDEN NAME | | | OPPER | | |
| Stanl | ey E. Compto | nen | | | inia Harg | an | | | | |
| | EVER IN U. S. ARMED FO | all to the sales and the sales are | CIAL SECURITY NO. 117 | , INFORMANT | HITA HOLE | Addr | | | | |
| (Ym, no, srunknown) | (If yes, give war ar dates at | | Q-48-19IN | | ot on | Wald | | ra | | |
| yes | | 37 3/ | 8-70-6810 | Mary Com | OCOM | Marro | IOTI, B | /d. | | |
| | ATH Enter only one cou ATH WAS CAUSED BY: | - | owning | | | | | ONSET AND | DEATH | |
| 030 0 | IMMEDIATE CAUSE (o) | | MITTIE | | | | | 5 Mir | 1. | |
| 727. 8 | DUE TO | | | | | | | | | |
| | Canditions, if any, which (b) gove rise to immediate couse | | | | | | | | | |
| (o), stoting the | | | | | | | | | | |
| cause fast. | (c) | | | | | | | | | |
| Z PART H, O | THER SIGNIFICANT CON | DITIONS CONT | FRIBUTING TO DEATH BL | T NOT RELATED TO | THE TERMINAL DIS | ASE CONDITION | GIVEN IN PART | 1(a) 19. WA | S AUTOPSY | |
| 3 | | | | 100000 | | | | YES 🗆 | NO 🖸 | |
| PART II, O | ONTRIBITING | | OW INJURY OCCURRED | | | | | | | |
| | I | Dived (| off side | of boat, | to swin | n. | | | | |
| 3 20c. TIME OF INJ | URY Month, Day, Yes | | URY OCCURRED 20e. | LACE OF INJURY (I | riome, form, 20f. (| City or town) | (Cou | nly) | (Slote) | |
| 9 4:50 pm | | White of work | Not while | octory, street, office | Piner | | Ch | 45. | | |
| | that I took charge | of the ren | moins described o | bove, held on | Autopsy [7] | Inspection [] | | - | and in my | |
| | h resulted from: 1 | | - | | Homici | | etermined n | · | 1 | |
| opinion dean | 1111 | 1010101 600 | 1171/ | · M. Soleidi | , violitici | se [], Orige | remmed h | iditiler [_ | 1 | |
| ACTUAL | 11/11/1 | Alla | X Kun | / CHIEF N | SEDICAL EXAMINER | D | | DATE | SIGNED | |
| SIGNATURE | wychia | L | 1 | - J.O. | NT MEDICAL EXAM | _ | | _ | // | |
| EXAMINER'S NAME (Type) | WILLIAM | 74/ | KURZ | | MEDICAL EXAMINE | | | 7 | 15/6 | |
| 220. BURIAL, CREMAT REMOVAL (Specif | | OF 22 | C. NAME OF CEMETERY | OR EREMATORY | 22d. tO | CATION (City, tow | n, or county) | /ISI | afel | |
| | | | | | | Waldorf. | Ms. | - | | |
| Burial | Sept. 7 | 967 | Prinity Mome | mai | | HOTEGOTT | TATO * | | | |
| 23. FUNERAL DIRECTO | Sept. 7] on's signature uneral Home | 1961 | Prinity Memo Ldorf, Md. | orial | 24a, REC'D BY REC | | GISTRAR'S SIG | NATURE | | |

is necessory, please tol director. Page ned for your files. TO I WEDICAL EXAMINER: This certificote should be executed within 24 hours after deoth. If any, executed to the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the cash a shak of Lefarwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be seen TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Stoke or its designated agent, prior to burial, crematian, ar removal, and in any event within 72 hours after death. VS. ATSME SM 2/57

TO SA MEDICAL PROMINENT CREETING ATE CO DEATH

FOR STATE

MARYLAND STATE DEPARTMENT OF HEALTH Div

| islon | of | STA' | TISTIC | CALI | RESEAL | RCH | AND | RECORDS, | 301 | W. | PRESTO | N S | TREET | , BAI | LTIMORE | 1, N | IARYLAN |
|-------|----|------|--------|------|--------|-----|-----|----------|-----|----|--------|-----|-------|-------|---------|------|---------|
| 7 | 0 | 131 | SA | AED | ICAL | . E | KAA | AINER'S | CE | RT | FICA | TE | OF | DEA | TH | | 1 |

| EALTH DEPT. | 1. | PLACE OF DEATH | | | 2. USUAL RESIDENCE (Where deceased lived, If institution, R si o ce book mission) | | | | |
|--|---------------|---|---|--|---|--|----------------|---|--|
| age ass. | | Ch | arles Cou | nty MARYLI | * STATE Maryland b. COUNTY Charles | | | | |
| Our file |): | b. CITY OR TOWN (if outside corporate limits, NAN) c. LENGTH OF STAY IN 16 Write RURAL and give nearest lown) Maryland Point, Md. | | | | Nanjem | | imits, write RURAL | and give nearest lown) |
| Peral dir | 1 | d. NAME OF HOSPIT | AL OR INSTITUTION (| f not in hospital, give street eddres | s) | Marylane | | Smith Pt | IS RESIDENCE ON A FARM? ROA YES NO X |
| Stat | 3. | NAME OF DECEASED | First | Middle | | Last | 4. DATE | Month | Day Year |
| or de re | | (Type or print) | Frank | P. | Cor | d | DEATH | 9/15/6 | 1 1961 |
| at the state of th | V | SEX | 2 10 | 7. MARRIED NEVER MARRIED | □] B. | DATE OF BIRTH | last l | (In years IF UND! birthdey) Months | |
| T P 2 B | 4 | Male | White | WIDOWED DIVORCED | | Nov. 22, | 18851 75 | yrs. | |
| Pages 1, 2, 13. Page 5 ges 1 and 1 and 1 lihin 72 h | F | one during most of wo | ON (Give kind of work rking life, even if refire ovt.Clerk | d) 11 C C | | Hagersto 14. MOTHER'S MAIDEN | | 12. | U.S. |
| PA d * | | Franklin | P. Cord, | Sr. | | Missour | i Charsh | 100 | |
| orm orm | | | R IN U.S. ARMED FOR | CES? 16. SOCIAL SECURITY NO. | | | | Address | |
| ith f | | No | | Unknown | 1 4 | phew-John | R. Bucha | nen-S11 | ver Springs, |
| oencil in the | | PART I. DEATE | EATH [Enter only one I WAS CAUSED BY: MMEDIATE CAUSE (e)_ DUE TO | Coronary Th | rom | | DA | | INTERVAL BETWEEN ONSET AND DEATH |
| ending" in princer's Officed as a buri | | Conditions, if any gave rise to immediately, stating the uncause last. | derlying DUE TO | Arterio-scl | | | | | |
| vord "p cal Exa d be us emafior | CERTIFICATION | PART II. OTHER | | TIONS CONTRIBUTING TO DEATH | | | | | PERFORMED? YES NO X |
| of Media should should brial c | 1 | | NTRIBUTING [| 06. DESCRIBE HOW INJURY OCC | | | | | |
| he Chie Page or to b | MEDICAL | 20c. TIME OF INJU Hour s.m. | RY Month, Day, Yes | 20d. INJURY OCCURRED 2 While Not While at work et work | | CE OF INJURY (Home, farr bry, street, office bldg., etc | | vn) ((| County) (State) |
| To t OR Priv | | 21. I certify th | at I took charge o | f the remains described abo | ve, hel | d an Autopsy . | Inspection X. | Inquiry X, | and in my opinion |
| varded IRECT agent, | | | | | | | | | |
| T for # | 1 | ACTUAL SIGNATURE | Villea | y Xxim | 1 | M.D. ASSISTANT MED | DICAL EXAMINER | | DATE SIGNED |
| execuld be NERA design | | EXAMINER'S NAME (Type) | William J | Kurz, M. D. |) | Ass. Plast | AL EXAMINER X | | 9/15/61 |
| 4 should | 22 | REMOVAL (Specify) | N, 225. DATE THERE | 1961 Angel Hil | | emetery, | | le Grace | . Maryland |
| /S. A15ME 5M 9/60 | 2 | Arehart F | terneral Hom | Nome, one. La Plat | is le | uca IV | SEP 2 5 '61 | 24b. REGISTRAR' | |

. It pour bon as (M) Sempling it will be with the country of the country A STATE OF THE RESIDENCE OF THE PARTY OF THE same the super short same and same. Per age of the last of the with the second second of the second second

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 10136 Reg. Dist. No. , PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before o. COUNTY the funeral dire should be filed HARLES **b. COUNTY** MARYLAND CHARLES NARYLAND b. CITY OR TOWN (If outside corporate limits, write e. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate Jimits, write RURAL and give nearest town) RURAL and give nearest lown) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Kente 225. Kout 225 YES NO TH NAME OF 4. DATE Middle Manth Yeor Day Sept AMMY NOZHAH OUISE 19 (0) (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF SIRTH 9. AGE (In years last birthday) IF UNDER I YEAR IF UNDER 24 HRS. DIVORCED [WIDOWED | one you 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? death during most of working life, even if retired) US A puo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME trancis SCOTT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANI Address Hanson, St. R.Z. Laket None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO ρ Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. buriol-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19, WAS AUTOPSY PERFORMED? YES 🔀 NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) certificate 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED Day, Year (State) (County) factory, street, affice bldg., etc.) Hour o. m. Nat while of work of work 21. I certify that I attended the deceased from 25 Sunt 1941 that I last saw the deceased and that death occurred at 112 45 A.M., from the causes and an the date stated above. DIRECTOR DATE SIGNED ACTUAL SIGNATURE should PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, ar county) REMOVAL (Specify) Joseph's Cemetery Pomfret . Maryland 0 23. FUNERAL DIRECTOR'S SIGNATURE. ADDRESS TOLO 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) Archart Funeral Home Inc. - La Plata DOET 2 arthur S. Ftraux

requires that the death certificate

O HOS

MAINTAND STATE DUADRIMMENT OF HEALT - LATENANCE IN

STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY a. STATE **b.** COUNTY MARYLAND c. C.TY QR TOWN of outside copporate limits, write RURA, and o L CITY OF TOWN E. LENGTH OF STAY IN 16 a, 15 RESIDENCE ION (if not in hosp ta NAME OF DECEASED OF DEATH (Typa or print) AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. ar birthday) Months Days Hours WIDOWED I DIVORCED physician 106 KIND OF BUSINESS OR INF 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME please Ē attending WAS DECEASED EVER IN U.S. ARMED FORCES (If yas giva war or datas of sarvice 18. CAUSE OF DEATH (Enter only one cause þ ONSET AND DEATH I. DEATH WAS CAUSED BY MMEDIATE CAUSE (a) DUE TO Conditions, if any, which fb1 gava rise to immediata cause DUE TO (a), stating the underlying causa last. PART II. OTHER SIGNE, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO To 20%. ACCIDENT WAS UNDERLYING []
OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) 20d. INJURY OCCURRED . 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Stata) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., atc.) Not While While Hour a.m. at work at work 21. | certify that (i) (this hospital) attended the deceased from... saw the deceased a 22b. DATE 22a, SIGNATURE ATTENDING MED. SIGNED DIRECTOR M.D. PHYS. 22d ADDRESS 22c. PHYSICIAN'S NAME (Type **EREMATION** BURIAL. MOVAL 0 25a, REC'D BY REGISTRAR VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



VS A1S (4) 15M 9/SB

| MARYLAND | STATE DEPARTMENT | OF HEALTH-BALTIMORE, 18 | } |
|----------|------------------|-------------------------|---|
| 38 | CERTIFICATE | OF DEATH | |

| 20200 | | | | Reg. Dist. No. |
|--|--|--|--|--|
| LACE OF DEATH | | 2 USUAL RESIDENCE (Where | e deceased lived. If institution | Residence a or oding (on) |
| Charles | MARYLAND | Marylan | b. COUNTY | Charles |
| CITY OR TOWN (If outside corporate limits, write | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (If outs | side corporote limits, write RU | RAL and give nearest town) |
| La Plata | | X Rock Point | | |
| NAME OF HOSPITAL (If not in haspital, give street | address) | d STREET ADDRESS | | e. IS RESIDENCE |
| | al | 1. 650 | 1. | ON A FARM? |
| | Middle | - 0 /4/V | . DATE , Morril | h Day Year |
| Type or print) (GNATIIIS | WAIE - | 12 / Le / 2 | DEATH SINT | 1/ 19/2 |
| EX 6. COLOR OR RACE 7 MARK | HED NEVER MARRIED | B. DATE OF BIRTH | 9 AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HR |
| // WIDOWI | DIVORCED | October 20,195 | 7 3 yrs. | Months Days Haurs Min. |
| USUAL OCCUPATION (Give kind of work done 10b. | KIND OF BUSINESS OR INDU | JSTRY 11. BIRTHPLACE (State or | foreign country) | 12. CITIZEN OF WHAT COUNTRY |
| Infint | None | Rock Print | ,aryland | J.S.A. |
| FATHER'S NAME | | 14. MOTHER'S MAIDEN NA | ME | |
| Neshiel Nade Johnson | | Corona Ed | lelen | |
| WAS DECEASED EVER IN U. S. ARMED FORCES? 16. no. or unknown) ((if yes, give wor or dates of service) | SOCIAL SECURITY NO. | INFORMANT | Addre | 33 |
| Non | ne | Corona Edelen - | Rock Point , | Maryland |
| | | | magnetic or a | INTERVAL BETWEEN ONSET AND DEATH |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) | trice it | thir - Ull | ditizenulet | retenfolder |
| 788.8 DUE TO | | | | 77 |
| Canditions, if ony, which) (b) | | | | |
| | | | | |
| lying couse lost. (c) | | | | |
| PART II OTHER SIGNIFICANT CONDITIONS | CONTRIBUTING TO DEATH BU | T NOT RELATED TO THE TERMINA | AL DISEASE CONDITION GIVE | N IN PART I(a) 19 WAS AUTOPSI PERFORMED? |
| | | | | YES NO M |
| 200 ACCIDENT WAS UNDERLYING [] 206. DESC OR CONTRIBUTING [] CAUSE OF DEATH | CRIBE HOW INJURY OCCURRI | ED. (Enter nature of injury in Por | t 1 ar Part (t of item 18.) | |
| (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | | |
| Hour o.m. White | 1 E | LACE OF INJURY (Home, farm, ; ictory, street, office bldg., etc.) ! | 20f. (City or town) | (County) (State |
| | | | | |
| 21. I certify that I attended the deceas | ed fram Z=Z | , 196/_, ta/ | - 1/ 18/2/1 | hat I last saw the decease |
| alive an | 2/., and that deatl | n accurred at | , fram the causes and | |
| Jan Dar | 1 | AD | DRESS (Street, city or town, s | tote) DATE SIGNE |
| SIGNATURE | e with | M.D | | 77/7/ |
| PHYSICIAN'S AME (Type) | ofth Son | AD 1 | FF. FTF, | Tird . |
| BURIAL, CREMATION, 22b. DATE THEREOF | 22c. NAME OF CEMETERY C | OR CREMATORY 2 | 2d LOCATION (City, town, or | county) (Stote) |
| | Holy Ghost C | | | ryland |
| UNERAL DIRECTOR'S SIGNATURE | ADDRESS | - | | TRAR'S SIGNATURE |
| rehart Funeral Home Inc | - Lo Plata | MA DATE | P 1 6 61 a | rilur S. Kraue |
| | D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) La Plata d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION) PLYSICANS Me Orial Hospit SEX O. COLOR OR RACE 7 MARR WIDOW USUAL OCCUPATION (Give kind of work done 10b. TO PART I. DEATH (If not in haspital, give street OR INSTITUTION) IB. CAUSE OF DEATH [Enter only one couse per limit of year, give wor or doten of service) NO. O. Or unknown) IB. CAUSE OF DEATH [Enter only one couse per limit of year, give wor or doten of service) NO. O. Or unknown) OCCUPATION (If year, give wor or doten of service) NO. O. Or unknown) IB. CAUSE OF DEATH [Enter only one couse per limit of year, give wor or doten of service) NO. O. OR Unknown) OCCUPATION (ISON SHOWN) IB. CAUSE OF DEATH [Enter only one couse per limit of year, give wor or doten of service) NO. OR OR CONTRIBUTION (ISON SHOWN) PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (IN) OR CONTRIBUTION (IN) PART II. OTHER SIGNIFICANT CONDITIONS (IN) OR CONTRIBUTION (IN) OR CONTRIBUTION (IN) OR CONTRIBUTION (IN) PART II. OTHER SIGNIFICANT CONDITIONS (IN) OR CONTRIBUTION (IN) OR CONTRIBUTION (IN) PART II. OTHER SIGNIFICANT CONDITIONS (IN) OR CONTRIBUTION (IN | COUNTY Charles MARYLAND D. CITY OR TOWN (If outside corporote limits, write RURAL and give nearest fown) La Plata d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION PLAY SI CARS Me Orial Hospital NAME OF DECEASED (Type or print) LEX | D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest house RURAL and give nearest house RURAL and give nearest house nearest nea | B. COUNTY Charles MARYLAND D. CHY OR TOWN If outside corporate limits, write La Placa A. MAR OF DESTRUCTION La Placa A. NAME OF NOSTHAL (If not in baspital, give street address) OR INSTITUTION PLAST A. COLOR OR RACE First Monor First Address Monor First First Monor First Monor First Monor First Address First Monor First Monor First Address First First Monor First Address First First Monor First First Address First First First First Monor First First First Address First Fi |



FOR STATE HEALTH DEPT region. Page your files. TO DE CIX TELLIFIE EXAMILER: This certificate should be executed within 24 hours after death, if any please state the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the 4 should be forwarded to the Chief Medical Examinar's Office along with form PM3. Page 5 may be refailed TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hoursaft death.

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

| | | 0 2 0 0 | | | | 04-0-0 |
|---|------------------------------------|---|-----------------------------------|--|---|-------------------------------|
| 4 | 1. PLACE OF DEA | 华 / 1 | | 2. USUAL RESIDENCE (Where | //3/ | dmission) |
| 1 | | 24 A S | · MARYLAND | e. STATE | b. COUNTY | neles. |
| 1 | b. CITY OR TOWN | (if outside, corporate limits, | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN the outside con | morate limits write P. 1941 and a | live nearest town! |
| J | | nd the nearest town) | 1 | X | - | ITA TAGEST TOWNY |
| | | 1712/7/ | V szuw | 1 110001 | 100ml | |
| 3 | d. NAME OF HOS | PITAL OR INSTITUTION (if not In | hospitel, give street eddress) | d. STREET ADDRESS | V | o. IS RESIDENCE ON A FARM? |
| | THU | SMEM | · HESP, | / | | YES NO |
| | 3. NAME OF T | Firsts | Middle | Last 4, DATE | Month | Dey Year |
| | (Type or print) | 13-1 | | C DEAT | a a | m 11 |
| | 5. SEX - A | 4 COLOR OR BACEL | 7 | 1.700 | | 0 196/ |
| | 15. 3th | 6. COLOR OR RACE 7. MA | RRIED NEVER MARRIED | 8. DATE OF BIRTH | 9. AGE (In years IF UNDER 1 YE Months Dev | |
| | | Wiod | OWED DIVORCED D | 7-10-61 | Aur Aur | ri Hours |
| | 10a. USUAL OCCUPA | TrON (Give kind of work 10 | b. KIND OF BUSINESS OR INDUST | RY 11. BIRTHPLACE (State, or foreign of | Suntry) 12. CITIZE | N OF WHAT COUNTRY? |
| | goug göring most at é | rorking life, even if retired) | - | 11/5 | | |
| | 13. FATHER'S NAME | | 1/ | 14. MOTHER'S MAIDEN NAME | | |
| | E | 11105 | K 1 A/C | | e1117 | |
| | L 1) | VAIL | 101/00 | JUNE THY | EXIL | |
| | | VER IN U.S. ARMED FORCES? (If yes give war or detes of service) | 16. SOCIAL SECURITY NO TA | INFORMANT | Address | 10 1.1 |
| | no. | (m) / da & 1 + 0 + m o da da da da da da da | () Th | arothy Kry | - Bryans | Road Wed |
| | 18. CAUSE OF | DEATH Enter only one cause | per (ne for (a), (b), and (c).]/ | - 1/11 |) 17 de 1 | INTERVAL BETWEEN |
| | PART I. DEA | TH WAS CAUSED BY | INEMARTIN | 7 TILY MUT | 4-14.11 | ONISET AND DEATH |
| | , | IMMEDIATE CAUSE (6) | Ti Cemina de | 211/11 | -7 1. 4.1 | 7-10-61 |
| | 1776 | DUE TO | 1 | . ¬ | | |
| ĺ | Conditions, if an | | aut nue | cyr. | | |
| | gave rise to Imme (a), stating the | THE PROPERTY OF | | | | |
| | couse last. | (c) | | | | |
| | PART II. OTH | - (-) | CONTRIBUTING TO DEATH BUT N | OT RELATED TO THE TERMINAL DISEASE | CONDITION GIVEN IN PART 16 | al 19. WAS AUTOPSY |
| | IEIM, LII A | HO. whit | TABI STA | 1. B 1 2 1 11 | , , s | PERFORMED? |
| | 20s. EXTERNAL C | Whoughtle ! | tosv. VLCCDIN | C. W. G. DOKNIN CA | Hanicas Min | YES NO |
| 3 | PRIMARY □ or C | ONTRIBUTING | SCRIBE HOW INJURY OCCURED. | (Enfer nature of Injury in Part I or Part II o | i .tom 18.2 | |
| | CAUSE OF DEATH | | • | | | |
| | 3 20c. TIME OF IN | JRY Month, Day, Year 2 | | | ty or lown) (County | (Stote) |
| | ☐ Hour e.m. | -A | /hile Not While fac | clory, street, office bldg., etc.) | / / | |
| | | 1/ | | | 5/ | |
| | 21. 1 certify | hat I took charge of the | remains described above, h | eld an Autopsy [], Inspection | Inquiry 4. a | and in my opinion |
| | death resulted | from: Natural causes | Accident . Sui | cide 🔝, Homicide 🔝, Uı | ndetermined manner | |
| | | (X/) | 1 | CHIEF MEDICAL EXAMINER | | |
| | ACTUAL | 1. 160 d 1 | 1611 | ASSISTANT MEDICAL EXAMI | NER 🗍 | DATE SIGNED |
| | SIGNATURE _ | 1 11- | | M.D. DEPUTY MEDICAL EXAMINER | | |
| | EXAMINER'S NAME (Type) | 1/F 1 | FDFIFL | / | - | -10-61 |
| | 22 BURIAL, CREMAT | ON 1 226, DATE THEREOF, | T22c. NAME OF CEMETERY O | Address (Street, city, town, or | ATION (City, town, or country) | (State) |
| | J-MEMOVAL (Spec) | | 11-01-11 | in the | A A | miel |
| - | rygies | 7//4/ | 4007 | 1 | flex | rucy |
| | 23. FUNERAL DIRECT | DR 4-1 | ADDRESS | 24a. REC'D BY REGIS | and | f a |
| | Klen | or for | n Oplell | SATE SAP 15 | '61 Orthur S. | Thomas |
| | | | 4/1 | | | |



VR A15 (4) 15M 9/59

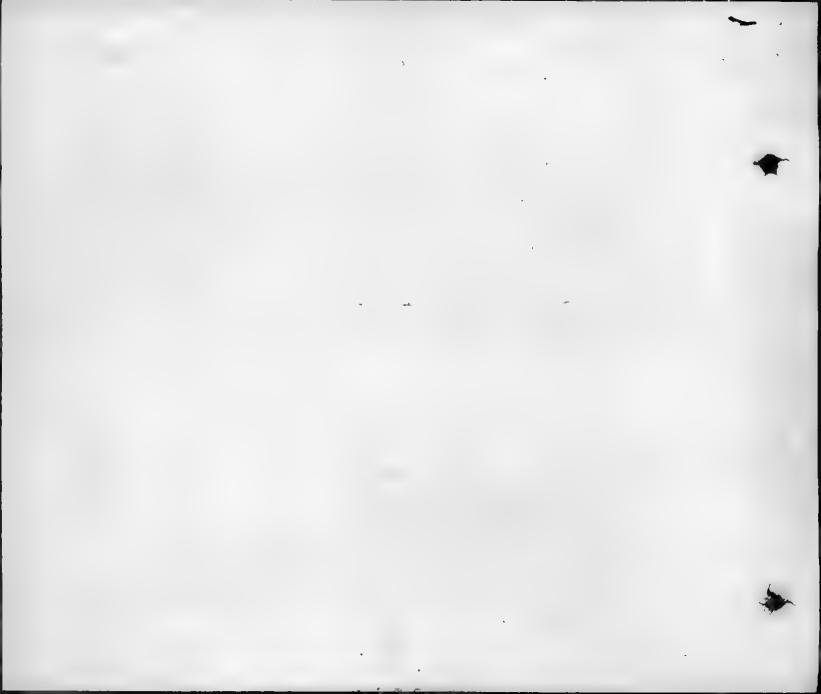
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

40494

10140 **CERTIFICATE OF DEATH**

| 1 | p. COUNTY | Chate | MARYLA | ii o STATE | (Where deceased lived. If institution by COUNTY | Chartena Balanca Charten | | | | |
|---------------|---|---|---|--|---|--|--|--|--|--|
| | b. CITY OR TOWN RURAL and give | (If autside corporate fimits, winearest town) | rite c. LENGTH OF STAY IN | c. CITY OR TOWN | (If outside corporate limits, write RI | JRAL and give nearest town) | | | | |
| | d NAME OF HOSE OR INSTITUTION | PITAL (If not in hospital, give s | treet oddress) | d STREET ADDRES | | e IS RESIDENCE ON A FARM? YES NO | | | | |
| 3. | NAME OF DECEASED (Type or print) | PEdit | - 1 Middle | Maddax | 4. DATE Mont | th Day Year Subsur 2/196/ | | | | |
| 5. | Finale | 11. | MARRIED NEVER MARRIED | B DATE OF BIRTH April 9. | 1908 9 AGE (In years lost birthdoy) 53 yrs | IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min. | | | | |
| 10 | a. USUAL OCCUPAT during most of we | FION (Give kind of work done orking life, even if relired) | 10b. KIND OF BUSINESS OR | INDUSTRY 11. BIRTHPLACE (S | hote or foreign country) Alicy Icl | 12. CITIZEN OF WHAT COUNTRY? | | | | |
| 13 | FATHER'S NAME | George 1 | 07 sddom | 14. MOTHER'S MAID | rrie Proctor | | | | | |
| | WAS DECEASED EN | VER IN U. S ARMED FORCES? (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 25 fells 07 sel | dox. Otarbur | y-dld. | | | | |
| | PART I. DI | EATH [Enter only one couse of EATH WAS CAUSED BY. IMMEDIATE CAUSE (o) | Crelord (c). (b). and (c). | Hemarheze | 0 | INTERVAL BETWEEN ONSET AND DEATH 2 days | | | | |
| | Canditions, if gave rise to couse (a), stating the last state of the couse of | immediate DUE TO | Hyputu | sive Heat Du | a same | 2 9.5 | | | | |
| CERTIFICATION | PART II. O | THER SIGNIFICANT CONDITION | ONS CONTRIBUTING TO DEAT | H BUT NOT RELATED TO THE TO | ERMINAL DISEASE CONDITION GIV | EN IN PART (o) 19 WAS AUTOPSY PERFORMED? YES NO | | | | |
| | 20g. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF | VAS UNDERLYING 20b. IG CAUSE OF DEATH Y MEDICAL EXAMINER) | DESCRIBE HOW INJURY OCC | URRED, (Enter nature of injury | y in Part I or Part II of item IB) | | | | | |
| MEDICAL | 20c. TIME OF INJU Haur o. m p. m | , 10 Y | Od. INJURY OCCURRED Vhile Not while t work of work | Oe. PLACE OF INJURY Home, factory, street, office bldg., | | (County) (State) | | | | |
| | 21 I certify that (I) (this haspital) attended the deceased from 9/19. 1261, to 9/21., 19 6 that (I) (we) last saw the deceased give on 1961 and that death accurred of M, from the causes and an the date stated above | | | | | | | | | |
| | 220 SIGNATURE | Frank h | Dusan | M D PHYS. | MED STAFF PHYS. | 9-1 SIGNED | | | | |
| | 22c PHYSICIAN'S NAME (Type) | | Susan Mild. | 22d. ADDRESS | Indian Heal. | Tel | | | | |
| _ | BUR AL, CREMAT | m Lyt 25/9 | 61 23c. NAME OF CEMET | HPI ICO | 23d LOCATION (City, low), of | 1119 | | | | |
| 24 | FUNERAL DIRECTO | French | Home Wo | closy MADATE | SEP 2 7 161 | ATRAR'S SIGNATURE | | | | |



| | MARYLAND STATE DEF | PARTMENT OF HEALTH |
|-------------|---|--|
| | | 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND |
| | 10141 CERTIFICATE | OF DEATH |
| 1, P | LACE OF DEATH | 2. USUAL RESIDENCE (Where decessed lived, If institutions Residence before edimission) |
| | Charles County MARYLAND | Maryland b. COUNTY Charles |
| Ь | CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town) | c. CITY OR TOWN (If outside corporete I mils, write RURAL end give nearest town) |
| | La Plata | X Marbury |
| d | . NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) | d STREET ADDRESS a. IS RESIDENCE ON A FARM? |
| I | hysicans Memorial Hospital | YES NO XX |
| 3. 1 | IAME OF First Middle | Lest 4. DATE Month Dey Yeer |
| (| Theodore Edgar flonts | gomery DEATH September 11, 1951 |
| 5. 3 | 6. COLOR OR RACE 7. MARRIED TY NEVER MARRIED B | DATE OF BIRTH 9. AGE (in ye IF UNDER 1 YEAR I IF UNDER 24 HRS. |
| 4 | ale duite WIDOWED DIVORCED | March 70 , 1896 Wall 687. Months Days Hours Min. |
| 10a. don | | 11. BIRTHPLACE (County & Stele, or fore gn country) 12. CITIZEN OF WHAT COUNTRY? |
| | | . Naldorf , Maryland U.S.A. |
| 13. | FATHER'S NAME | 1 14. MOTHER'S MAIDEN NAME |
| | John D. Montgomery | Eliza Gates |
| | WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 no, or unknwn) (Ifyesgivewerordetesofservice) | NFORMANT Address |
| 18 | 0 | 's. Alice Montgomery - Jarbury , Laryland = |
| -1 | 18. CAUSE OF DEATH [Enter only one cause per fine in (e), (b), end (c).] | INTERVAL BETWEEN ONSET AND DEATH |
| | PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) | My Clkudeou 2 9-11-6-1 |
| | 726.7 DUE TO Taling Many | In Man del lande Com |
| | Conditions, if any, which \ (1) | ver francis paye to 8 -4-61 |
| | geve rise to Immediate cause DUE TO | 475/1 |
| | cousa lost. (c) Suglicin | 0-10-61 |
| 20 | PART II. OTHER S.GNIFICANT CONDIT ON CONTRIBUTING TO BEATH BUT NO | PERFORMED? |
| 5 | July while | 7-4-61 YES NO W |
| | 206. ACCIDENT WAS UNDERLYING A 206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING TO CAUSE OF DEATH | (Enter neture of in ury in Part I or Part II of Jem 18.) |
| | IF EITHER, NOTIFY MEDICAL EXAMINER) | Margled large Ter |
| ₫ [| | CC OF INJURY (Home, farm, 2Df. (City or town) (County) (State) |
| MEDI | 11001 01011 2 2 2 2 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 | ich - Jene Mar Jung Ches Mas |
| ĺ | 21. I certify that (I) (this hospital) attended the deceased from | 9/9/6/, 196/., to 9/1//, 196/s, that (i) (we) last |
| | saw the deceased alive on . I. I. I. 1961, and that | death occurred a A.M. from the causes and on the date stated above. |

MED. DIRECTOR

23d. LOCATION (City, town or county

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Marbary ,

SEP 1 5 '61

ATTENDING MED. STAFF
PHYS. XX DIRECTOR PHYS. |
22d. ADDRESS
La Plata , Maryland

22b, DATE

(Stata)

9/12/1961

Charles Co.

Cathar S. Kraus

SIGNED

filled in by the Pages 1 and to burial, cremation, or removal, attending physician, as Eeen agned by the 8. After this certificate has Been 11 gned by the detached for use as the burial-trainst permit.

within 24 hours after

VR A15 (4) 15M 9/60

238. BURIAL CREMATION, 236. DATE THEREOF

unital ral Home

Edelen

23c. NAME OF CEMETERY OR CREMATORY

Park Hill Cemetery

22a. SIGNATURE

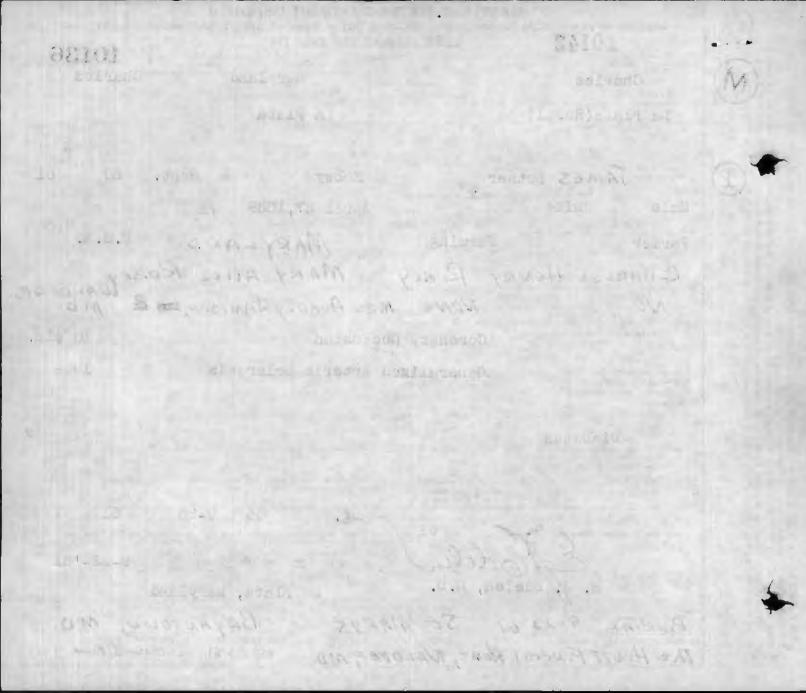
22c PHYSICIAN'S NAME (Type)

MARYLAND, STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

10142 CERTIFICATE OF DEATH

| 1. PLACE OF DEATH | 2. USUAL RESIDENCE (Where deceased lived, If institution, Re- | idence berute admission) | | | |
|--|---|--|--|--|--|
| e. COUNTY Charles MARYLAND | . STATE Maryland b. COUNTY Cha | rles | | | |
| b. CITY OR TOWN (if outside corporela limits, write RURAL and give neerest lown) La Plata(Rural) | c, CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) La Plata | | | | |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) | d. STREET ADDRESS | a. IS RESIDENCE ON A FARM? YES NO | | | |
| 3. NAME OF DECEASED TAMES Luther | Robey DEATH Sept. 2 | O 19 61 | | | |
| 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YE last birthdey) Months De | AR IF UNDER 24 HRS. | | | |
| 10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Farmer 13. FATHER'S NAME | TRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZE 14. MOTHER'S MAIDEN DAME 14. MOTHER'S MAIDEN DAME | S. A. | | | |
| (Yes, no, or upkgwn) (Ifyes give wer or detes of service) | | WALDORF. | | | |
| 18. CAUSE OF DEATH [Enter only one cause per fine for (e), (b), and (c).] | elusion | INTERVAL SETWEEN ONSET AND DEATH 10 min. | | | |
| Conditions, if eny, which gave rise to Immadiate couse (a), stating the underlying couse lest. | Arterio Sclerosis | 1959 | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N | NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(ED. (Enter neture of injury in Pert I or Pert II of Item 18.) | 19. WAS AUTOPSY PERFORMED? YES NO 3 | | | |
| | | | | | |
| | ACE OF INJURY (Home, ferm, 20f. (City or town) (County street, office bldg., etc.) | (Stata) | | | |
| 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive in 9.12 | Aug | | | | |
| | | 22b. DATE SIGNED | | | |
| 22c. PHYSICIAN'S E. J. Edelen, M.D. | La Plata, Maryland | | | | |
| 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERS STANDARD ST | PY OR CREMATORY 23d, LOCATION (City, town or county) -RYS BRYANTOWN, | MD. | | | |
| The HUNTT FUNERAL HOME, WALDO. | RF, MD. DATE SEP 26'61 Chillian &. | | | | |



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institutions Rey is ne... Pay all director. Pay for your files. e. COUNTY b. county Brooklyn New York Charles MARYLAND b. CITY OR TOWN (if oulside corporate limits, c. CITY OR TOWN (If outside corporeta limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town! Brooklyn 36 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE 1512 East 91st ON A FARM? Route #301 and Billingsley Road YES NO IX NAME OF Middle 4. DATE Month Year DECEASED OF Joseph Saffren the 9 (Typa or print) (N.M.H. 61 DEATH 19 with 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 2, and 3 5 may od 2 with last birthday) Months -16-1921 Davs Male WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Steta or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired)
Hair Dresser U. S. A. New York 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Myer Saffren Fannie Goldstein with form P permit. File p 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT 1079 E. 24th. Street. Yes, no, or unkown) (Ifyasgivewerordates of sarvica) Bell Rubenstein (Sister) Brooklyn , New York Unknown Unknown " in perm."

Office along will
a burial-transit pe 18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), and (c), INTERVAL BETWEEN 5 Min. PART I, DEATH WAS CAUSED BY: Fractured Cervical Spine IMMEDIATE CAUSE (a) MEDICAL EXAMINER: This certificate should be **DUE TO** removal, Automobile Accident "pending" in Conditions, if env. which (b) Pecule the certificate, writing the word "pending" be forwarded to the Chief Medical Examiner's SRAL DIRECTOR: Page 3 should be used as a signaled agent, prior to burial, cremation, or rem geve rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY CERTIFICATION PERFORMED? Internal Injuries, Fractured Ribs NO TO 20a. EXTERNAL CAUSE WAS PRIMARY Kor CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Pert I or Part II of Item 18.) Automobile Accident 20c. TIME OF INJURY 20d. INJURY OCCURRED & 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stete) Not While factory, street, office bldg., etc.) 19 51 at work Kliighway el work Waldorf Charles . Maryland should be forwarded to the FUNERAL DIRECTOR: Pils designated agent, prior 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry X and in my opinion Accident AX death resulted from: Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER X EXAMINER'S Kurz, Plata. liam NAME (Type) DE 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Slale) REMOVAL (Spacify) 240 g 9/28/196 Old Montefiore Cemetery Brooklyn . Burial Mew York 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME Riverside Chapeb -310 Coney Island Blvd. Brook - DATE OCT 2 5M 9/60 arthur & Krays 3v. Archart Funeral Home , Inc. La Plata

MARYLAND STATE DEPARTMENT OF HEALTH

THIAL SALES Lot was sand along 4 1 4 THE RESERVE OF THE PARTY OF THE